

MONTANA BOARD OF RADIOLOGIC TECHNOLOGISTS 301 S PARK, P O BOX 200513 HELENA, MT 59602 406-841-2385 www.radiology.mt.gov

Name):			CORRECTION ONLY:
Addre	ess: State: Zip:		Name:	
City:_	State: Zip:		Street:	
V	Mantana Limitad Damait liaanaa will avair	Г.Ь 4 St	City:	Zip
Your	Montana Limited Permit license will expire	e on February 1".	State:	ZIP
	In order to renew your License:			
	Complete the renewal application. Answer the disciplinary question at the	hattam of the form		
			the Board of Bad	iologic Tochnologists Do
4)	not send cash.	ioo make payable to	the board of Nau	lologic reciliologists. Do
5)	Renewals postmarked after February 1	will he assessed a la	ate renewal fee of	\$50.00
,	Sign the renewal application.	WIII DC assessed a le	ite renewariee or	ψ30.00.
	Return the renewal application and fee	to the Board office by	v February 1 st	
',	retain the followar application and too	to the Board office b	y i obidaly i	
CONT	TINUING EDUCATION REQUIREMENT A	AND STATEMENT:		
	are required to have six (6) hours of continuities. The Board will be conducting a			
	liance. If you are among those selected			
	ave completed the requirement. Your co			
	of licensure. Statement: By signing the			
	leted my continuing education within th			
	equent revocation of licensure on ethical g		arraro mar a raio	o diatement may road to
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	LATION PASSED IN THE 2005 SESSION PROV			
	R THE DEADLINE BY PAYING BOTH THE RENE' R THE DEADLINE MAY HAVE A COMPLAINT FIL			
	ESSED BY THE BOARD THROUGH THEIR DISC		OGGIDIENT OF GIVE	CENSED I NACTICE WILL BE
	s 🗌 No - Have any legal or disciplinary			
	lease attach copies of the document			
	37-1-105 requires that you report this i		e to accurately fu	Irnish the information is
grour	nds for denial or revocation of your lice	ense.		
Dloop	a provide the following information for the	Poord's records:		
rieas	e provide the following information for the	board's records.		
Emplo	oyer's Name:		Telephone Numbe	r:
Emplo	oyer's Address:			
Your :	Signature:		Date	e: